

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/687959

FILING DATE

10/13/00

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	/				51					
2	/				52					
3	/				53					
4	/				54					
5	/				55					
6	/				56					
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45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	5				TOTAL IND.					
TOTAL DEP.	16				TOTAL DEP.					
TOTAL CLAIMS	21				TOTAL CLAIMS					

CLAIMS ONLY

SERIAL NO. **09/687959**
 APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/								
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TOTAL IND.	5								
TOTAL DEP.	16								
TOTAL CLAIMS	21								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS